Presentation to the 2015 Health and Human Services
Joint Appropriation Subcommittee

PUBLIC HEALTH AND SAFETY

Department of Public Health and Human Services (DPHHS)

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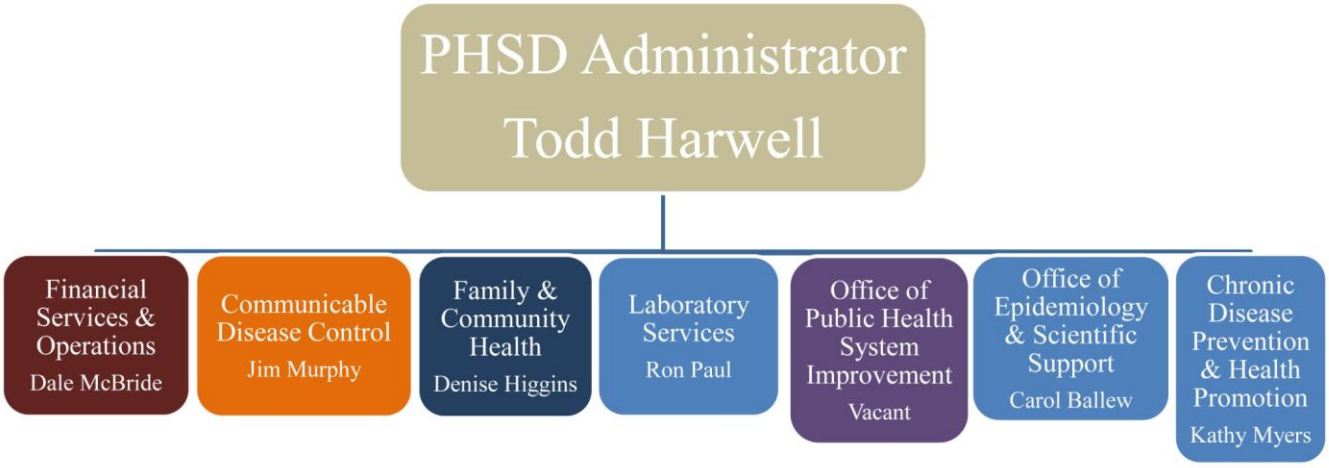

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Overview

Public health affects all of us, all of the time. Prevention, control, and monitoring disease, food and consumer safety, assuring clean indoor air and safe drinking water, providing community-based education and services to support healthy living, and responding rapidly to emerging threats and events are public health activities that touch the lives of each and every Montana citizen. While the list of public health's contributions to the health of Montanans is lengthy, when prevention efforts are successful, problems often do not arise; therefore, many citizens may not recognize the impact of the public health system.

Montana's public health services are delivered primarily through contracts with local and tribal public health agencies in every county and reservation in Montana, as well as outpatient clinics, community health centers, hospitals and other community-based organizations statewide. The Public Health and Safety Division (PHSD) leads the state's public health efforts and provides state-level coordination of key public health services in collaboration with local and tribal public health agencies. Without the centralized resources, expertise and support PHSD provides to local public health agencies, many areas of the state would be unable to support the local services and resources necessary to protect the health of their residents and provide the highest quality of services. In 2012 the PHSD developed and disseminated the State Health Improvement Plan "Big Sky. New Horizons. A Healthier Montana," and the Division's Strategic Plan. These closely aligned plans are our road map to achieve improvements in the health of Montanans.[1,2]

SUMMARY OF MAJOR FUNCTIONS

Montana's **clinical public health and environmental laboratories** are located in the PHSD and provide testing to support disease prevention and control. Last year, residents and health care

providers from 55 counties in Montana submitted samples for laboratory testing services. Staff at the state's laboratories performed over 269,000 tests last year. Laboratory tests performed include both medical tests in support of disease control programs (e.g., tuberculosis and HIV) and environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals). In addition, newborn screening for 28 metabolic and genetic diseases is performed at the laboratory for essentially every baby born in Montana (over 12,000 per year).

Test results are used by clinicians to aid in diagnosing and treating patients and by local and tribal public health officials to enhance responses to disease outbreaks or water contamination, and to track disease trends. In 2013, Montana experienced nearly as many pertussis cases (N = 2,045) as in 2012, which was the largest the state experienced since 2005. Laboratories, clinicians, and local and tribal public health agencies throughout the state look to the PHSD to provide specialized testing to support various types of disease outbreaks. In this regard, the state laboratories over the past ten years has provided clinical testing in support of at least 50 outbreaks throughout the state as well as 20 multistate outbreaks that also included citizens of Montana in 2013. These included various types of respiratory, enteric and foodborne related illnesses.

Timely and accurate testing is important to guide our response to various hazards that may threaten the public health. The state laboratories continue to work closely with the CDC and other healthcare partners in order to be prepared to address threats that may arise due to existing, new or emerging diseases.

Communicable disease prevention and control activities within the PHSD include disease tracking and control; regulatory activities for public establishments; and the coordination of activities such as immunization and HIV/AIDS treatment programs. Programs worked closely with local public health agencies, tracking approximately 5,000 cases of communicable diseases in 2014. Responsibilities include working with providers and local public health agencies to ensure proper treatment and investigation necessary to prevent additional illnesses. The state continues to experience above normal levels of pertussis, primarily in teens, and gonorrhea in American Indian jurisdictions.[3,4] Both of these ongoing outbreaks required a significant amount of state and local resources to ensure thorough investigations and effective interventions. More recent activity includes coordinating extensive planning efforts within DPHHS and with a variety of other government agencies to prepare the state for control of Ebola viral disease. A specific response plan to this threat was developed. This plan is one of many related to our preparedness efforts as we work with local and tribal public health agencies to develop and test our abilities to respond to public health threats.

Programs providing direct services to residents include assistance with HIV-related needs and immunization services. These activities included providing life-extending therapies and case management to approximately 550 individuals living with HIV in Montana and shipping of over 170,000 doses of vaccine annually to local health care providers. Ensuring safe public establishments through our work with local public health authorities is accomplished by coordinating licensing and inspection of the state's 12,000 public establishments providing food services and lodging.

The PHSD is charged with **preventing chronic disease and promoting health**. This is accomplished through providing services to promote healthy lifestyles including physical activity and healthy nutrition, abstinence from tobacco and tobacco cessation, as well as addressing chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, and arthritis. Preventable risk factors and chronic

conditions such as those listed above place a major burden on Montanans due to reduced quality of life, high costs of health care and premature death.

The Chronic Disease Prevention and Health Promotion Bureau provides programs and services that serve youth and adults statewide. For example, the Cancer Screening Program (includes, breast, cervical and colorectal) has served over 32,000 low-income women and men with screening services. Since 1996 over 29,000 Montana women have been screened for breast and cervical cancer. Over 260 pre-cancerous conditions and 330 cancers have been identified among these women. In 2010 colorectal cancer screening services have been provided. Over 2,600 Montana men and women 50 years of age and older have been screened, and 574 pre-cancerous conditions and nine cancers have been identified. Since its inception in 2004, the Quit Line (866-QUIT-NOW) has provided services to over 80,000 Montanans, and approximately 32,000 (40%) have quit using tobacco with this statewide resource.[5] Our chronic disease prevention programs also collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. Our Emergency Medical Services Section licenses and regulates more than 150 emergency medical services across the state, provides education for emergency medical technicians, and works to improve the quality of care provided for trauma patients.

Improving the health of Montana's **maternal and child health** population is also a priority for the PHSD. This population encompasses women of childbearing age (15-44 years of age), pregnant women, infants, children, and youth with special health care needs and their families. The Family and Community Health Bureau provided reproductive health and clinical preventive services such as cancer screening and tobacco use cessation counseling to over 23,000 women and men. The WIC Program provided nutrition screening and education, referrals to health and human services and nutritious foods to over 20,000 participants each month. These services are provided at 83 sites, including all seven American Indian Reservations.

The PHSD coordinated clinics that are staffed by medical specialists and health care professionals and address 25 chronic pediatric conditions. These clinics served approximately 2,600 children and youth who have special health care needs through 4,100 clinic visits. Nearly all babies born in Montana were screened for hearing impairment and 28 metabolic and genetic conditions. In SFY14 52 babies were identified as having a potential metabolic or genetic condition and were referred for clinical follow-up. In SFY14 15 babies were diagnosed with conductive or sensorineural hearing loss. In July 2014, PHSD in collaboration with the birthing hospitals also began implementation of screening of all newborns for critical congenital heart defects (CCHD). During the 2013 session a law was passed requiring DPHHS to begin implementing a maternal mortality review process, similar to the fetal infant, child mortality review. The Family and Community Health Bureau began implementing that process in October 2013.

The PHSD is responsible for **monitoring the health of Montanans**. This is accomplished by maintaining and utilizing a variety of data sources including birth and death records, hospital discharge and emergency department utilization data, survey information and disease registries and reports. The PHSD issues over 22,000 Montana birth and death certificates each year and maintains records of vital events including all marriages and divorces back to 1860.

Strengthening our public health system continues to be a focus for the PHSD. The Office of Public Health System Improvement exists to support the PHSD, as well as local and tribal public health departments, to become nationally accredited so that all Montanans are served by public health

departments that meet national standards of practice. As a result, Montana is one of the first states in the country to apply for accreditation, and two local health departments have already been awarded this designation (Missoula City-County Health Department and RiverStone Health in Yellowstone County). Ten additional local health departments are actively in the process of preparing for accreditation.

With a strong focus on business process analysis and quality improvement, this office helps build organizational capacity at all levels of public health in Montana by equipping leaders with the tools they need to measure and track their work, focus on well-defined outcomes, and improve performance when needed.

The PHSD has implemented an integrated performance management system to assist in monitoring, managing and improving the work of all programs in the Division. The system, called HealthStat, is modeled after the widely used "PerformanceStat" approach used throughout the country in various sectors of government. As a result of this work there are over 300 outcome and process metrics that are tracked and used to actively improve the performance of each PHSD program.

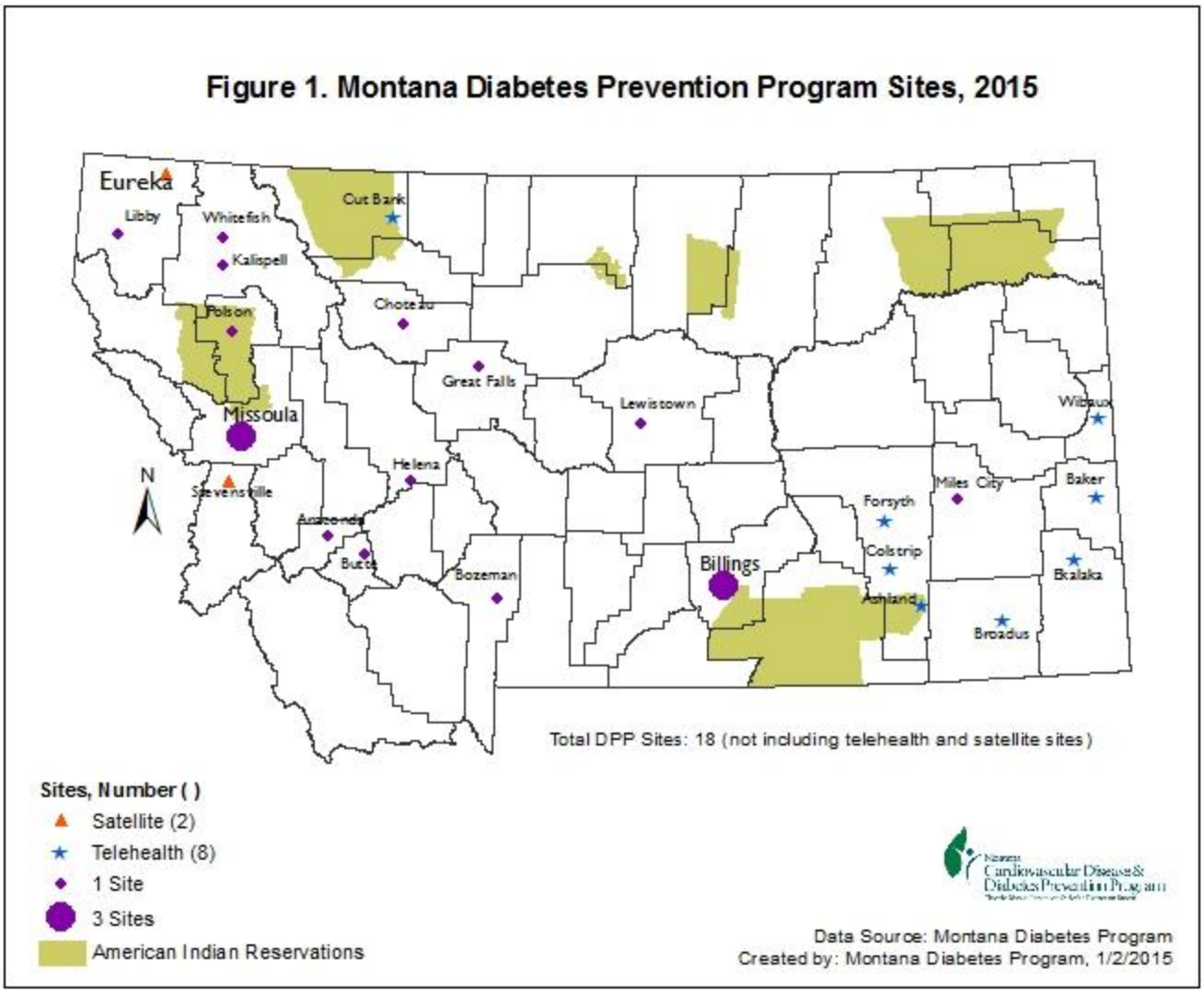
Improving the public health system in communities around Montana will help improve the health of those communities. To accomplish this, the Office of Public Health System Improvement has provided funding and technical assistance to 12 local health departments and one tribal health department to build efficiency through the development of integrated management systems.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2015 BIENNIUM

Preventing Cardiovascular Disease and Type 2 Diabetes - Since 2008, over 5,500 Montanans have participated in the Cardiovascular Disease and Diabetes Prevention Program (DPP). The DPP is currently being implemented by 18 organizations, with an additional two satellite sites and seven remote telehealth delivery sites (Figure 1). The program is a 22 session group-based lifestyle intervention that promotes healthy eating and increased levels of physical activity to achieve the goal of 7% weight loss.[6] This program is based on the National Institute of Health's DPP, a clinical trial that found that an intensive diet and physical activity intervention targeting adults at high-risk for developing diabetes can reduce their risk of developing it by 58%.[7] On average participants in this program have lost over 13 pounds. The Montana participants achieved significant weight loss with 34% losing at least 7% of their body weight, increased physical activity with 64% meeting the goal of $\geq$150 or more minutes of weekly activity, and reductions in cardiovascular disease risk factors (e.g., high blood pressure, high cholesterol).

Medicaid Incentives to Prevent Chronic Disease Program - In 2011 the PHSD in collaboration with the Health Resources Division was one of ten states to receive a competitive demonstration grant from the CMS Innovation Center to evaluate the impact of using financial incentives to promote healthy lifestyles among Medicaid beneficiaries. Beginning in January 2012 PHSD enhanced its efforts to recruit and enroll adult Montana Medicaid beneficiaries at high-risk for CVD and type 2 diabetes into the CVD and Diabetes Prevention Program. Since September of 2012, over 240 beneficiaries have been enrolled into the program. A portion of these participants are receiving small incremental financial incentives via a debit card for participating in each of the 22 sessions, and by performing specific behaviors that support weight loss and weight maintenance (e.g., monitoring weekly dietary intake and physical activity). Participants can potentially achieve a total of $320 of incentives over the course of the program. Overall, Medical beneficiaries enrolling in this program have high participation

rates. The mean number of core program sessions attended per participant is 12 (Of a total of 16 sessions.) Medicaid participants have also achieved significant weight loss (Mean weight loss per participant of 12.1 pounds) and 57% have achieved the weekly physical activity goal of ≥150 minutes of moderately vigorous physical activity. We currently are in Year 4 of this grant. In Year 5 we will be conducting analyses to evaluate participation rates and outcomes among Medicaid participants receiving and not receiving incentives.



Improving Control of Asthma among Montana Children and Youth – The Montana Asthma Home Visiting Project (MAP) is a home-based, multi-component program that targets children aged 0 to 17 years with uncontrolled asthma and their families. Since 2011, nine home visiting sites have been funded, including eight local health departments and one community health center. These sites are located in Cascade, Custer, Deer Lodge, Flathead, Hill, Lewis and Clark, Missoula, Richland and Silver Bow counties. These facilities have enrolled children from 15 counties. The program provides: 1) six home visits over the course of a year by a registered nurse who can answer questions about the physiology, triggers and treatment of asthma; 2) a home assessment to identify and mitigate potential asthma triggers like mold, pet dander and tobacco smoke; 3) medication advice 4) asthma educational materials; and 5) referrals to community resources. The MAP program is designed to follow the National Heart, Lung and Blood Institute Expert Panel Guidelines for the Diagnosis and Management

of Asthma and The Community Preventive Services Task Force's Guide to Community Preventive Services.[8,9]

Since 2011, 185 children with uncontrolled asthma have been enrolled in the program. After one year, there have been significant improvements in asthma-related outcomes (Table 1). Improvements in these clinical outcomes have been shown to reduce emergency department visits, hospitalizations, medical expenses, and to improve school attendance and quality of life. Interviews with participants reveal high satisfaction with the program and gratitude for in-depth information and training on managing their child's asthma.

Table 1. Health-related outcomes among children with uncontrolled asthma (N= 60) continuously enrolled for one year in the Montana Asthma Home Visiting Program, 2011-2014.

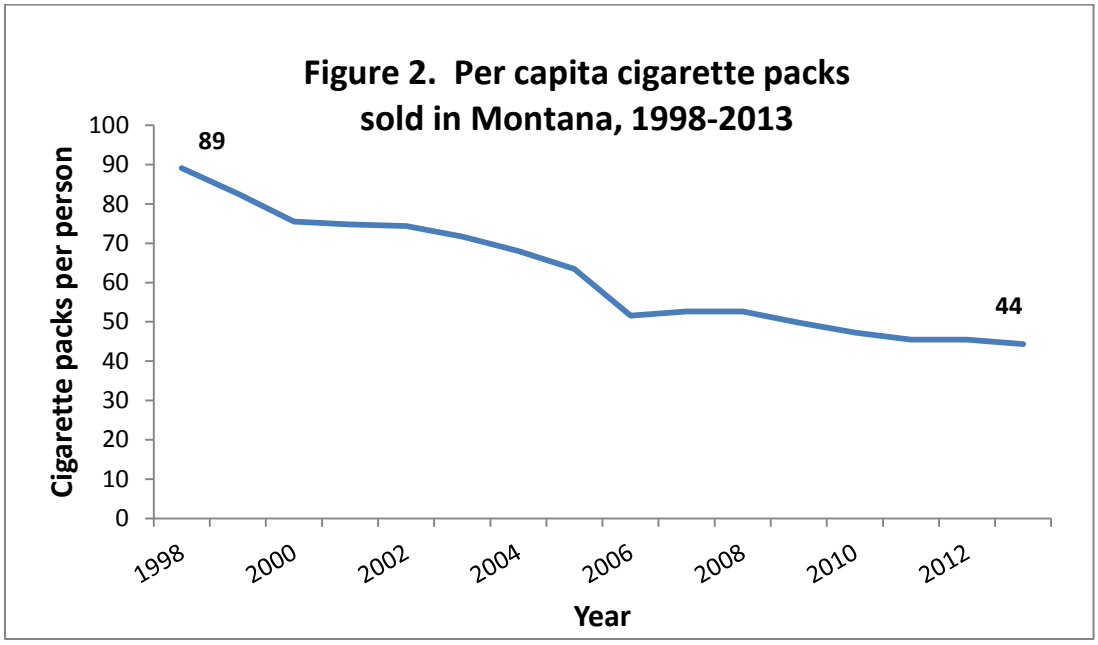
Health Indicators	Baseline	One year
	%	%
Self-reported severe/very severe asthma symptoms	32	10
Have an asthma action plan	23	87
Completed home environmental assessment	0	100
Score ≥91% on asthma knowledge test	23	75
Score ≥20 (well controlled asthma) on asthma control test*	24	82
Good inhaler technique	24	92
Missed one or more school days in past 6 months	57	25
Unscheduled office or ED visit for asthma past 6 months	68	28

*Higher score indicates improved asthma control.

Continuing the Success with Tobacco Use Prevention Efforts -- Tobacco use continues to be the leading cause of preventable death in Montana. More than 1,400 Montanans die each year from tobacco-related disease.[10] While tobacco use among Montanans has decreased over the past decade, the financial costs related to tobacco use to Montana remain higher than for any other preventable cause of illness and death. Montanans spends more than $440 million a year due to smoking-related health care costs.[11]

The Montana Tobacco Use Prevention Program (MTUPP) has been highly effective and is a national model among tobacco use prevention programs. The program has made significant strides to reduce tobacco use and continues to help Montanans quit, as well as not start, using tobacco.

- The sale of cigarettes has declined from 89 packs per capita in 1998 to 44 packs per capita in 2013 – a more than 50% reduction.[12] (Figure 2).
- Smoking (in the past 30 days) among youth has decreased from 29% in 2001 to 15% in 2013 (Figure 3) – more than 40% reduction.[13]
- As of September 2014, almost 80,000 Montanans have called the Montana Quit Line (800-QUIT-NOW) since 2004, and approximately 32,000 have quit using tobacco with the assistance of this statewide resource.
- From 1998 through 2013, the lung cancer incidence rates among Montanans have decreased significantly (Figure 4).

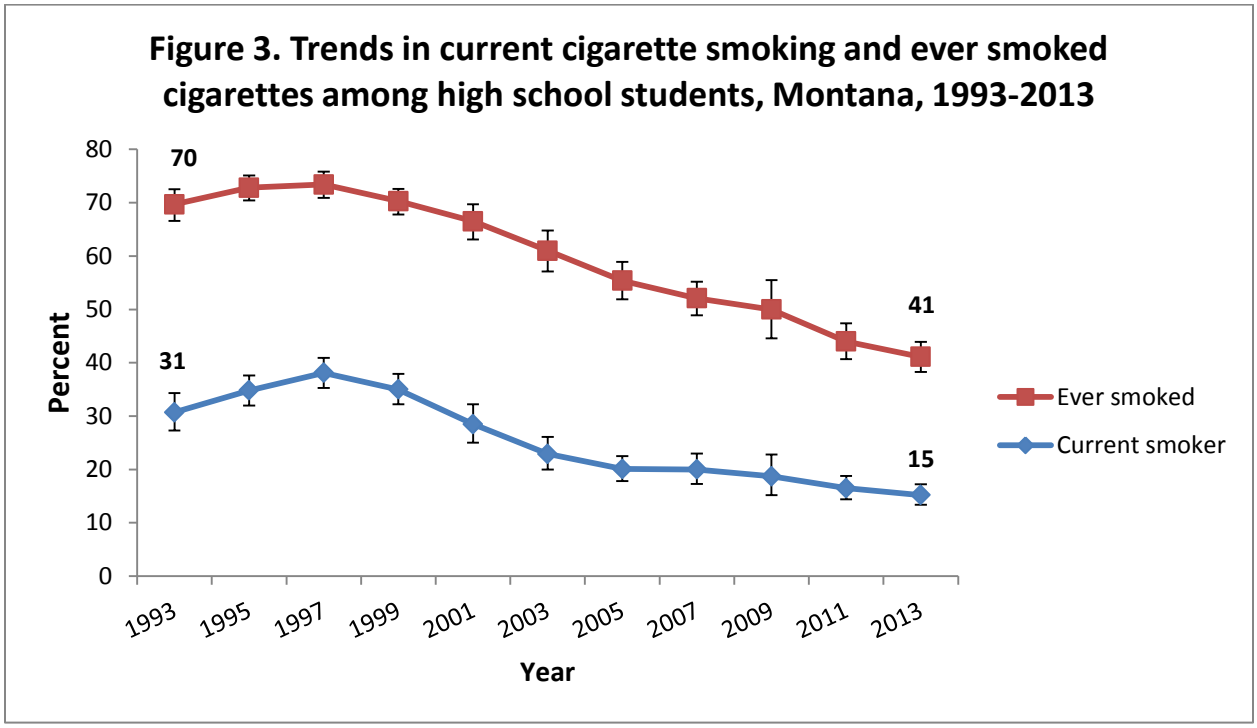


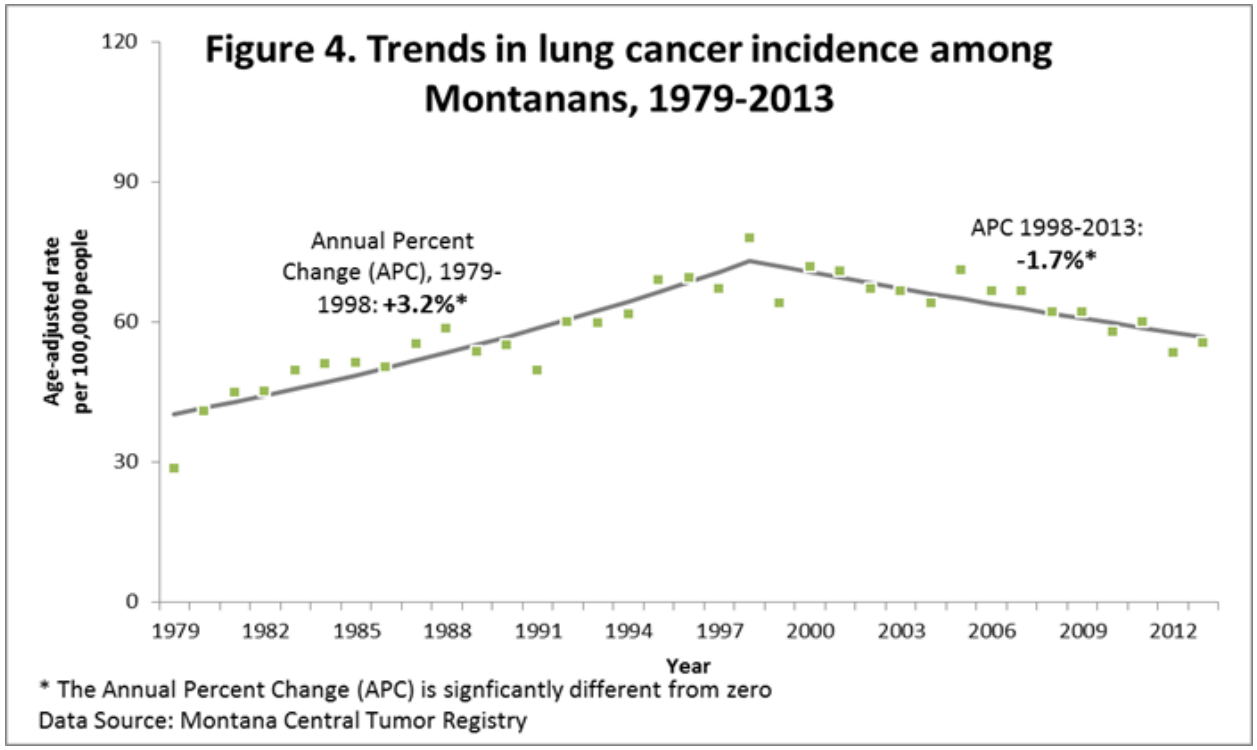
MTUPP continues to work toward actively changing attitudes related to tobacco use through smoke-free and tobacco-free policies on medical campuses, college campuses and public housing complexes. Currently there are seven college campuses and 58 medical campuses with tobacco- free policies, as well as 11 Public Housing Authorities with smoke free policies.

MTUPP also continues to work with and provide technical support to mental health and drug and alcohol treatment programs across the state to support adoption of Smokefree/tobacco free policies, and implementation of tobacco cessation counseling services and referrals to the Quit line. In fiscal year 2015, training and technical assistance was provided to the following organizations: Alcohol and Drug Services of Gallatin County, Southwest Chemical Dependency Program in Livingston, the Mental Health Center and Peer Drop In Center in Livingston, Gallatin Mental Health in Bozeman, the Center for Mental Health in Helena, and the Montana Chemical Dependency Center in Butte. Five mental health and chemical dependency centers in the state have adopted tobacco free campus policies through collaborative efforts with MTUPP.

MTUPP has also partnered with school districts and the Office of Public Instruction to increase the number of Montana schools that adopt Comprehensive Tobacco-Free School Policies (CTFSP), which go beyond the requirements of the Clean Indoor Air Act. As of June 2014, a total of 275 school districts (65%) have adopted CTFSP, compared to 194 school districts as of June 2012.

The implementation of a comprehensive tobacco use prevention program in Montana including clean indoor air and tobacco free policies has contributed to significant reductions in tobacco use and exposure to secondhand smoke. Challenges remain, however, to address this public health issue. In 2013, 13% and 15% of Montana youth and adults currently use smokeless tobacco, respectively.[14,15] Tobacco use among vulnerable populations remains high. In 2010, 34% of adults aged 18 to 64 enrolled in Medicaid currently used tobacco.[16] The prevalence of smoking among persons with mental illnesses is also significantly higher than the general population.[17] The tobacco industry is aggressively marketing other new nicotine delivery devices such as electronic cigarettes (e-cigarettes). In 2013 10% and 20% of Montana adults overall and young adults aged 18 to 34 had tried e-cigarettes.[18]





Increasing Cancer Screening Rates – The Montana Cancer Control Programs (MCCP) work to save the lives of Montanans by providing direct screening services and implementing population-based interventions to increase participation in cancer screenings. The MCCP funds local health departments in 13 regions across the state to provide screening services, education and outreach to Montana communities, worksites and medical offices; the 13 regions provide MCCP access and coverage to all 56 counties and 7 tribal reservations. At the statewide level, the MCCP works in partnership with

employers, medical providers, health systems, and payers to increase cancer screening rates among the insured population.

Providing breast, cervical and colorectal cancer screenings:

The MCCP provides breast, cervical, and colorectal cancer screenings to uninsured women and men meeting age, income, and other eligibility criteria.

- A total of 29,090 Montana women have been served in the direct screening program since its inception in 1996.
- Since 1996, 55,248 mammograms and 36,147 Pap tests have been performed through MCCP direct screening services.
- During that time period 268 pre-cancerous conditions and 331 cancers have been identified.
- The proportion of American Indian women in the MCCP screened population has increased from approximately 6% in 1996 (5 of 262 women) to approximately 23% in 2014 (1,046 of 4,543). Since 2010, 2,667 Montana men and women have been screened for colorectal cancer through the MCCP. These screenings have detected 574 cases of precancerous conditions and diagnosed 9 cases of colorectal cancer.
- Early detection and treatment results in significant health care savings. The average costs of the first year of treatment for breast, cervical, and colorectal cancer are $23,000, $45,000, and $50,000 respectively.

Population-based interventions:

The MCCP works in partnership with worksites, medical providers, and payers across the state to increase cancer screening rates among the insured population.

- Since 2009, MCCP has partnered with 45 medical clinics to increase the number of patients up-to-date with colorectal cancer screening. With the assistance of MCCP regional contractors, medical clinics have made improvements to their office practices to support cancer screening education, recommendation, follow-up, and communication. Evaluation of the program shows that, on average, the percent of patients in the clinics who are up-to-date with colorectal cancer screening increased from 19% to 28% between 2013 and 2014.
- MCCP has worked with statewide partners to educate Montana's insured population about cancer screenings. The MCCP has reached over 125,000 people using postcards, personalized letters, paycheck stuffers and newsletter articles with cancer screening messages.
- MCCP contractors in local health departments have partnered with over 40 community businesses since 2010 to implement evidence-based practices in worksites. Contractors partner with worksites to increase breast, cervical and colorectal cancer screening rates in the worksite's insured population, and establish policies addressing cancer screening and nutrition, physical activity and breastfeeding standards.

Significant challenges remain to increase the number of Montanans who are screened for cancer.

- In 2012, Montana ranked third lowest (56%***)*** among all US states with regard to the percent of adults up-to-date with CRC screening.[19] Among Montanans with health insurance, one third (33%) are not up-to-date with colorectal cancer screening.
- Montanan's American Indians experience a significantly greater rate of colorectal cancer compared to White Montanans or U.S. American Indians. In 2012, the majority of Montana American Indians, 55%, were not up-to-date with colorectal cancer screening.

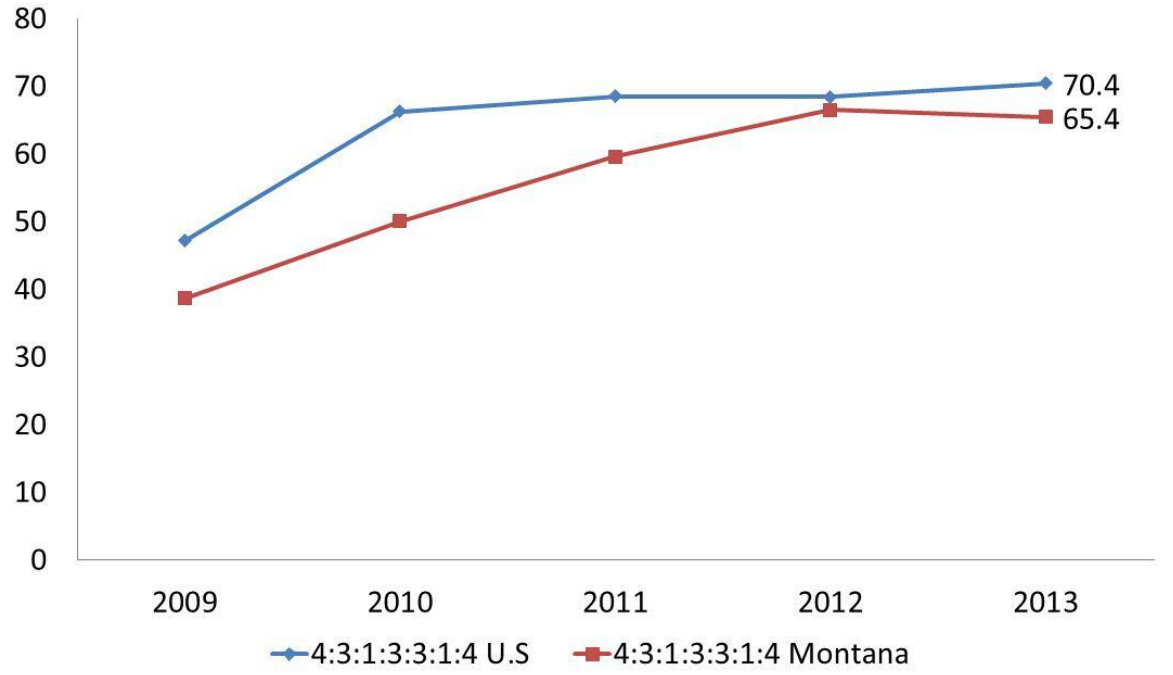
Continued Focus on Improving Childhood and Adolescent Immunizations – Significant progress has been made over the past decade to reduce vaccine preventable disease among Montanans. However, vaccine preventable diseases continue to cause illness and deaths among Montanans. Between 2010 and 2013 over 1,700 cases of vaccine preventable disease were reported among Montanan children and adolescents. The most frequently reported conditions were pertussis and chicken pox. These illnesses among children and youth led to preventable emergency department visits, hospitalizations, and one death.

The National Immunization Survey (NIS) is a CDC funded assessment that examines the vaccine records of a national sample of children including Montana children each year. The PHSD uses NIS data to monitor our progress. Overall, PHSD has seen significant progress made by health care providers helping ensure children 19-35 months are up to date with recommended immunizations. Specifically, there has been a significant increase in the childhood immunization (children aged 19–35 months) rate from less than 40% in 2009 to 65% in 2012 for highly recommended immunizations (Figure 5). Between 2011 and 2012, the overall rate for 4 Tetanus, Diphtheria and Pertussis, 3 Polio, 1 Measles, Mumps, Rubella, 3 Hemophilis influenza type B, 3 Hepatitis B,1 Varicella, and 4 Pneumococcal (4:3:1:3:3:1:4) increased nearly 7 percentage points to 67% of Montana children considered up-to-date. This increase put Montana near the national average of 68% for complete coverage with these vaccines. However, the 2013 childhood immunization rates in Montana have stabilized (65%) suggesting the need for additional efforts to improve these rates.[20]

The Montana Immunization Program is implementing a comprehensive strategy aimed at increasing both childhood and adolescent immunization rates. This includes strengthening the standardization and review of immunization requirements in licensed childcare facilities and schools, and working closely with the state's vaccine providers to improve vaccine coverage rates. The Immunization program is collaborating with vaccine providers to conduct on-site clinic assessments reviewing immunization practices, providing quarterly feedback on immunization rates, supporting the use of recall/reminder interventions, and supporting the use of the State's Immunization Information System and Vaccine for Children's Program.

There are two Bills (HB73 and HB 158) that are being proposed this legislative session that will support statewide efforts to continue to improve childhood and adolescent immunizations by improving the efficiency of use of the state immunization information system for clinical providers and local health departments, and by updating the State vaccine requirements for school entry. Both of these statutory changes were recommended by a recent legislative audit of our Immunization Program.

Figure 5: Estimated 4 DTaP, 3 IPV, 1 MMR, 3 Hib**, 3HepB, 1 Varicella, and 4 PCV Vaccination Coverage Among Montana and United States Children Aged 19-35 Months, 2009-2013



** Full series Hib: ≥3 or ≥4 doses of Hib vaccine depending on product type received (includes primary series plus the booster dose).

2017 BIENNIUM GOALS AND OBJECTIVES

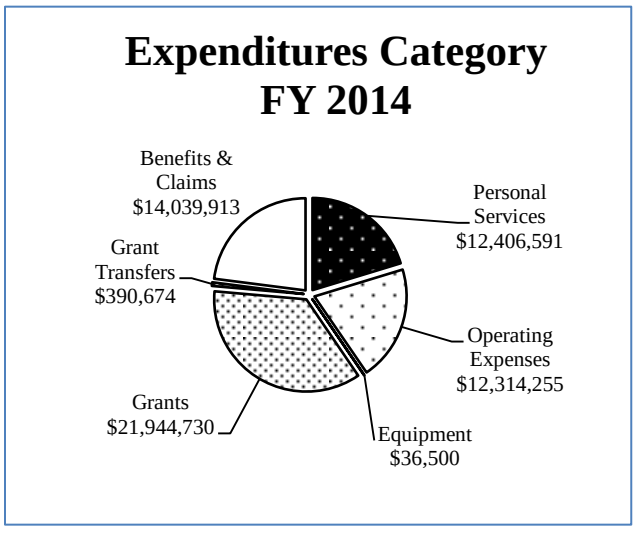
Department of Public Health and Human Services Public Health & Safety Division	
Goals and Objectives for the 2017 Biennium	
Goal: Improve the health of Montanans to the highest possible level	
Objective	**Measures**
Prevent and control communicable disease	The proportion of children (aged 19-35 months) fully immunized. The percentage of Chlamydia cases for which at least one contact was followed up.
Reduce the burden of chronic disease	The proportion of high school students smoking cigarettes in the past 30 days. The proportion of adults currently smoking. The proportion of persons aged 50 years and older who have had a screening colorectal exam.
Provide accurate and timely laboratory testing and results	The proportion of local health jurisdictions and public health clinics with access to accurate, reliable testing services (clinical and drinking water).
Provide programs and services to improve the health of women, children and families	The rate of birth for teenagers aged 15 through 17 years. The proportion of newborns fully screened and when indicated, provided follow up services.
Prepare the public health system to respond to public health events and emergencies	The number of local jurisdictions that participate in a public health emergency exercise at least once every other year.

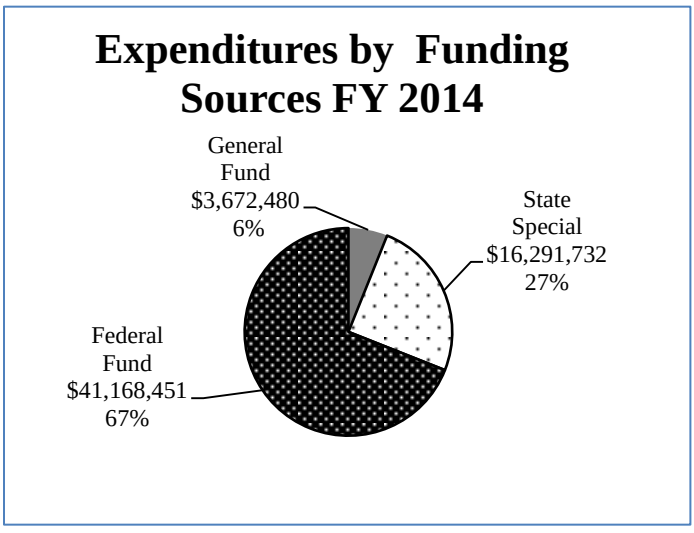
FUNDING AND FTE INFORMATION

	2014 Actual Expenditures	FY 2016 Request	FY 2017 Request
Public Health and Safety Division			
FTE	191.95	184.52	184.51
Personal Services	12,406,591	13,363,743	13,360,074
Operating	12,314,255	12,576,503	12,579,287
Equipment	36,500	36,500	36,500
Grants	21,944,730	24,057,257	24,057,257
Benefits & Claims	14,039,913	14,039,913	14,039,913
Debt Services	390,674	390,674	390,674
Total Request	**61,132,663**	**64,464,590**	**64,463,705**
General Fund	3,672,480	3,864,801	3,864,268
State Special Fund	16,291,732	18,504,250	18,507,464
Federal Fund	41,168,451	42,095,539	42,091,973
Total Request	**61,132,663**	**64,464,590**	**64,463,705**

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION FOR

FY 2014 FOR PUBLIC HEALTH AND SAFETY DIVISION





CHANGE PACKAGES (SEE LFD BUDGET ANALYSIS, PAGES B-XX TO B-XX)

Present Law Adjustments

PL - 7001 - Tobacco Use Prevention (LFD Page B-65) – This present law adjustment is for the Montana Tobacco Use Prevention Program to support local and tribal health departments to implement evidence-based activities targeting youth, promotion of tobacco cessation activities and utilization of the quit line (800 Quit Now), particularly among adults enrolled in Medicaid and pregnant mothers, and to extend the statewide multi-unit smoke-free/tobacco-free initiative. The request adjusts the base year expenses from the FY14 level of $4,746,291 to $5,746,291 in each year of the biennium. The request is for $1,000,000 in state special revenue in each year of the biennium from the Tobacco Master Settlement Account, as provided in 17-6-606, MCA.

	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 1,000,000**	**$ 0**	**$ 1,000,000**
FY 2017	**$ 0**	**$ 1,000,000**	**$ 0**	**$ 1,000,000**
Biennium Total	**$ 0**	**$ 2,000,000**	**$ 0**	**$ 2,000,000**

PL - 7013 – Cardiovascular Health and Diabetes Program Supplement – This present law adjustment is for the State Cardiovascular Health and Diabetes programs in the Public Health and Safety Division. The request adjusts the base year expenses from the FY14 level of $1,197,852 to $1,720,379. The funding is being used to provide support to outpatient clinical facilities to improve blood pressure and diabetes control among their patient populations through the use of their electronic health records and through implementing evidence-based quality improvement strategies. A listing of the health systems currently funded is provided in Table 2 below. Funding will also be used to increase the utilization of recognized diabetes self-management education services among Montanans with diagnosed diabetes. Funding is provided solely through federal funds.

Table 2. Health systems collaborating with the Montana Cardiovascular Health and Diabetes Prevention and Control Programs to implement quality improvement activities addressing blood pressure and blood glucose control among their patient populations with diagnosed hypertension and diabetes, 2015.

Health System	Location
Billings Clinic	Billings
St. Peter's Medical Group	Helena
Beartooth Billings Clinic	Red Lodge
Bitterroot Physicians Clinic	Hamilton
Florence Family Medicine	Florence
Pioneer Medical Center	Big Timber
St. Joseph Medical Clinic	Polson
Women's Care Center	Missoula
Billings Clinic Heights	Billings
Corvallis Family Medicine	Corvallis
Marias Healthcare Services	Shelby
Ravalli Family Medicine	Hamilton
St. Luke Community Clinic	Ronan

Northwest CHC	Libby
Southwest Montana CHC	Butte
Partnership Health Center	Missoula
Community Health Partners, Livingston	Livingston
Community Health Partners, Belgrade	Belgrade
Community Health Partners, Bozeman	Bozeman
Community Health Partners, West Yellowstone	West Yellowstone

	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 0**	**$ 522,527**	**$ 522,527**
FY 2017	**$ 0**	**$ 0**	**$ 522,527**	**$ 522,527**
Biennium Total	**$ 0**	**$ 0**	**$ 1,044,054**	**$ 1,044,054**

PL – 444 - 4 Percent FTE Reduction - Mandated reduction in FTE and funding in accordance with legislative intent language included in HB-2 passed by the 2015 Legislature.

	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 68,745**	**$ 137,490**	**$ 284,801**	**$ 491,036**
FY 2017	**$ 69,195**	**$ 135,193**	**$ 286,401**	**$ 490,789**
Biennium Total	**$ 137,940**	**$ 410,623**	**$ 571,202**	**$ 981,825**

New Proposals

NP - 7002 – Cardiovascular Disease and Diabetes Prevention Program (LFD Page B-66) - This new proposal is for the state Cardiovascular Disease and Diabetes Prevention program in the Public Health and Safety Division. The request increases expenses from the FY14 level of $730,043 to $830,043. The funding is requested to increase the number sites and communities in Montana that have access to this prevention service. This service is funded with 100% state special revenue from the Montana Tobacco Settlement Account, as provided in 17-6-606, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 100,000**	**$ 0**	**$ 100,000**
FY 2017	**$ 0**	**$ 100,000**	**$ 0**	**$ 100,000**
Biennium Total	**$ 0**	**$ 200,000**	**$ 0**	**$ 200,000**

NP - 7003 – Asthma Home Visiting Program – (LFD Page B-66) - This new proposal for the Asthma Home Visiting Program will add three additional sites/communities to provide services to children aged 0-17 with uncontrolled asthma. Children and families served by the program receive environmental home assessments to identify and mitigate asthma triggers, education to better manage the condition, and assistance in coordinating care with schools and primary care providers. The request is for $90,000 in state special revenue in each year of the biennium from the Tobacco Master Settlement Account, as provided in 17-6-606, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 90,000**	**$ 0**	**$ 90,000**
FY 2017	**$ 0**	**$ 90,000**	**$ 0**	**$ 90,000**

Biennium Total	**$ 0**	**$ 180,000**	**$ 0**	**$ 180,000**

NP - 7004 – Colorectal Cancer Screening and System Improvement (LFD Page B-65) - This new proposal is for the colorectal cancer screening and health system improvement activities in the Public Health and Safety Division. The request increases the base year expenses from the FY14 level of $850,984 to $1,000,984. The funding request will support an additional 600 low-income Montanans to be screened for colorectal cancer, and to support implementation of evidence-based strategies in outpatient care facilities to increase colorectal cancer screening among their patient populations. This service is funded with 100% state special revenue from the Montana Tobacco Settlement Account, as provided in 17-6-606, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2016	**$ 0**	**$ 150,000**	**$ 0**	**$ 150,000**
FY 2017	**$ 0**	**$ 150,000**	**$ 0**	**$ 150,000**
Biennium Total	**$ 0**	**$ 300,000**	**$ 0**	**$ 300,000**

LEGISLATION

House Bill 158 - Proposed Legislation: An Act giving the Department of Public Health and Human Services Rulemaking Authority for Vaccine Requirements in Schools

Narrative: Currently, school immunization requirements are detailed in 20-5-403, MCA and the requirements do not include other common vaccines recommended at the national level by the Advisory Committee of Immunization Practices (ACIP), which coordinates closely with the CDC. The proposed legislation will remove language outlining vaccination requirements from statute and require DPHHS to promulgate rules related to required vaccine. Such an approach would allow for more timely maintenance of vaccine requirements as national recommendations change. This is the current approach used in the state for day care-related vaccinations.

Details of Proposed Legislation
Section 1: Modifies existing 20-5-403, MCA, adding language referring to department rules requiring selected vaccine for attendance in school settings. Current language listing specific vaccines in statute is removed from statute.

Additional Justification: Montana statute currently outlines required vaccines for school attendance that do not reflect the current national vaccine recommendations. Specifically, the administration of varicella (chicken pox) vaccine and a booster containing a pertussis component are not currently required. Montana is currently the only state in the U.S. that does not require a varicella series and one of 5 in the nation not requiring a teen pertussis vaccine.

Fiscal Impact: None.

House Bill 73 - Proposed Legislation: An Act Allowing Release of a Patient's Immunization Records Without the Patient's Consent for Use in Relation to the State Immunization Information System; Allowing the Patient to Opt Out of Disclosure of Information.

Narrative: The state Immunization Information System (IIS) allows a convenient and secure means of recording immunization records for residents of Montana. The secure system is accessed by health care

providers and public health officials to help ensure that children, teens and adults receive the recommended vaccines. In addition, when records are complete, it helps prevent needless revaccination and provides a convenient record that may be used to verify vaccinations needed of daycare, school or employment requirements. Currently, 49 states and 5 large municipalities operate an IIS in the US. Of these, 51 of 54 collect information using an opt-out approach. Such systems collect information from vaccine providers unless a patient has opted-out. Montana is one of the three jurisdictions with an opt-in approach which creates additional burdens and expense for the IIS, health care providers and patients. Implementation of an opt-out approach would simplify paperwork and enable more efficient electronic transfer of information to the IIS from providers. In addition to savings in time and resources, a more complete IIS will lead to better service for the patient and improved immunization rates.

Details of Proposed Legislation

Section 1: Modifies existing 50-16-530, MCA, adding language that allows release of immunization information to the IIS unless the patient elects not to participate to the list of other conditions allowing for release without consent.

Section 2: Modifies 50-16-603, MCA, adding language to the Government Health Care Information Act that allows DPHHS to share information in the IIS with health agencies, health care providers, and child care and school settings.

Section 3: Modifies 50-16-605, MCA, to reflect changes in other sections.

Section 4: Modifies 50-16-805, MCA, adding language clarifying that health care providers may release information to the IIS unless a patient opts out.

Fiscal Impact: None.

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